

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL -2 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765401

1. Entity Name
NETTLES ISLAND CHURCH INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
NETTLES ISLAND

3. Mailing Address
NETTLES ISLAND CHURCH

Suite, Apt. #, etc.
828 NETTLES BLVD.

Suite, Apt. #, etc.
828 NETTLES BLVD.

City & State
JENSEN BEACH, FL.

City & State
JENSEN BEACH, FL.

Zip
34957

Country
PORT ST. LUCIE

Zip
34957

Country
PORT ST. LUCIE

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

01-02

4. FEI Number
59-2370339

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROBERT R PRENTICE

Street Address (P.O. Box Number is Not Acceptable)

828 NETTLES BLVD.

City
JENSEN BEACH,

FL

Zip Code
34957

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE
ROBERT R. PRENTICE
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

Robert R Prentice
(NOTE: Registered Agent signature required when reinstating)

6-18-02
DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees.

Make Check Payable to
Department of State

100006273631-8
07/05/02 01037 007
****236.25 ****236.25

10. OFFICERS AND DIRECTORS

TITLE
P/D
NAME
ROBERT R PRENTICE
STREET ADDRESS
828 NETTLES BLVD.
CITY-ST-ZIP
JENSEN BEACH, FL. 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
V/T
NAME
MICHIENSEN, EUGENE
STREET ADDRESS
765 NETTLES BLVD.
CITY-ST-ZIP
JENSEN BEACH, FL. 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
T/T
NAME
BILL MAAS
STREET ADDRESS
623 NETTLES BLVD
CITY-ST-ZIP
JENSEN BEACH, FL. 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
S/T
NAME
ROSE BOUMA
STREET ADDRESS
275 NETTLES BLVD.
CITY-ST-ZIP
JENSEN BEACH, FL. 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert R Prentice ROBERT R PRENTICE 6-18-02 772-229-8991

CR2E037B (12/01)